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\*\* CONTINUING DATA \*\*\*\*\* NONE 4/5/7 dm

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE 6/5/7 dm

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>Boyle</i> Initials: <i>dm</i>				

## ADDRESS

45371

## TITLE

Personalized desktop workspace icon organizer

<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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